

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
U.S. DISTRICT COURT
See Instructions for Service of Process by U.S. Marshal

PLAINTIFF
Sabrina L. Goodman

DEFENDANT
Plaza Recovery, Inc.

COURT CASE NUMBER
1:12-cv-02026-ELH

TYPE OF PROCESS
Civil

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Plaza Recovery, Inc. BY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP-Code)
370 7th Avenue New York, NY 10001

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Sabrina L. Goodman
328 N. Eutaw Street, Apt 304
Baltimore, MD 21201

Number of process to be
served with this Form 285

1

Number of parties to be
served in this case

1

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

443-848-1919

DATE

7/23/12

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

1

District of
Origin

No. 37

District to
Serve

No. 37

Signature of Authorized USMS Deputy or Clerk

Date

07/23/12

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date 08/25/12 Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

8.00

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

8.00

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

\$0.00

REMARKS:

mailed certfizel, return receipt 7011 2970 0004 10873088,
service accepted on 08/25/12.

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

SENDER: COMPLETE THIS SECTION

- Case 1:12-cv-02020-LEH Document 3 Filed 05/05/12 Page 2 of 3
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PLAZA RECOVERY, INC.
370 7TH AVENUE
NEW YORK, NY. 10001
ELH-12-2026 KMM

2. Article Number

(Transfer from service label)

7011 2970 0004 1087 3088

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/25/12

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Postmark
Here

Sent To

Street, Apt. No.
or PO Box No.

City, State, Zip

PLAZA RECOVERY, INC.

370 7TH AVENUE

NEW YORK, NY. 10001

ELH-12-2026

KMM